(Read the Privacy Act Statement on the back) 5. a. Name (Last, first, middle initial) b. SOCIAL SECURITY NO. 6. PERIOD OF TRAVEL a. FROM b. TO c. MAILING ADDRESS (Include ZIP Code) d. OFFICE TELEPHONE NO. 7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE				
5. a. Name (Last, first, middle initial) b. SOCIAL SECURITY NO. 6. PERIOD OF TRAVEL a. FROM b. TO c. MAILING ADDRESS (Include ZIP Code) 7. TRAVEL AUTHORIZATION				
a. FROM b. TO c. MAILING ADDRESS (Include ZIP Code) d. OFFICE TELEPHONE NO. 7. TRAVEL AUTHORIZATION				
5. III II I				
5. III II I				
a. NUMBER(S) b. DATE	7. TRAVELAUTHORIZATION			
	(S)			
e. PRESENT DUTY STATION f. RESIDENCE (City and State) 10. CHECK NO.				
9. TRAVELADVANCE 9. CASH PAYMENT DECEIRT 44. BAID DV				
8. TRAVEL ADVANCE 9. CASH PAYMENT RECEIPT 11. PAID BY a. Outstanding a. DATE RECEIVED b. AMOUNT RECEIVED	11. PAIDBY			
a. Outstanding b. Amount to be applied b. AMOUNT RECEIVED \$				
c. Amount due Government c. PAYEE'SSIGNATURE				
(Attached Check Cash)				
d. Balance outstanding				
	r's Initials			
TRANSPORTATION AGENT'S ISSUING MODE POINTS OF TRAVEL				
TICKETS, IF PURCHASED VALUATION CAR- CLASS OF WITH CASH OF TICKET RIER SERVICE DATE				
and attach passenger AND ACCOM- ISSUED AND ACCOM- MODATIONS FROM FRO	TO			
coupon; if casn is used				
side.) (a) (b) (c) (d) (e) (f)				
I certify that this voucher, is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.				
TRAVELER SIGN HERE DATE AMOUNT CLAIMED ► \$				
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).				
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in				
the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or a. DIFFER-				
agency to so certify (31 U.S.C. 680a).)				
APPROVING DATE IF ANY (Explain				
OFFICIAL SIGN HERE and show amount)				
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION b. TOTAL VERIFIED CORRECT FOR				
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR CHARGE TO APPROPRIATION				
Certifier's initials: \$				
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED c. APPLIED TO TRAVELADVANCE (Appropriation symbol): \$				
CERTIFYING OFFICIAL SIGN HERE DATE d. NET TO TRAVELER \$				

18. ACCOUNTING CLASSIFICATION

EXPENSES AND AMOUNTS CLAIMED		immediate family, show members' names, ages, actual and relationship to expense employee and marital status of children (unless information is shown on the travel authorization.) immediate family, show for porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.								how	TRAVEL AUTHORIZATION NO. TRAVELER'S LAST NAME				
DATE	TIME	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES MILEA RATE:									AMOUNT CLAIMED			
	(Hour and am/pm) (b)			М	EALS		MISCEL-		TOTAL	Ø	MILEAC	GE SUBSISTENCE	OTHER		
			BREAK- FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL- LANEOUS SUBSIS TENCE (h)	LODGING (i)	SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	(1)	(m)	(n)		
									CIID	TOTAL S -			-		
If additional space is required, continue on another SF 1012-A BACK. leaving the front blank. SUBTOTALS TOTALS															
n complian	ce with the Pri	vacy Act of 1974, the following information i	s provided:		investigat	ions or prose	cutions or wh	en nursuant to a			5 /	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as mplemented by the Federal Travel Regulation (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation			investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is							(n), below and in item 13 on the front of this form.					
expenses incurred under appropriate administrative authorzation and to record and maintain costs of such reimbursements to the Government. The information will be				MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other							TOTAL				
used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State,				anno estad información de la colonida del colonida de la colonida de la colonida del colonida de la colonida del colonida de la colonida de la colonida del colon							Т				
		when relevant to civil, criminal, or regulator		J.G.O.,	reimburse		- John Toquilleu	a support the old	may room in de	, 01 1000 01	CLAIME	D >			
*U.S.P	.O.: 1987 - 181	-247/60082										STANDARD FORM	1012 BACK (10-77)		

Col. (d) Show amount incurred for each meal, including tax, tips, and daily total

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys,

Complete this

information

continuation

if this is a

sheet.

PAGE

PAGES

OF

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Com-

plete

only

thru (g) f meal cost.

Col. (c) If the voucher includes per

diem allowances for

members of employee's

SCHEDULE

OF